

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

February 18, 2016 - 9:30 am to 1:00 pm

Polk County River Place, Room 1

2309 Euclid Ave, Des Moines, Iowa

MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Thomas Broeker
Jody Eaton
Marsha Edgington
Lynn Grobe
Kathryn Johnson
Geoffrey Lauer (phone)
Brett McLain

John Parmeter
Rebecca Peterson
Michael Polich
Patrick Schmitz
Rebecca Schmitz
Marilyn Seemann
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello
Richard Crouch
Representative David Heaton
Betty King

Sharon Lambert
Senator Liz Mathis
Representative Scott Ourth

OTHER ATTENDEES:

Bob Bacon	The University of Iowa CDD
Jackie Bailey	Judicial Mental Health Advocate
Teresa Bomhoff	NAMI Greater Des Moines
Eileen Creager	Area Agencies on Aging
Deb Eckerman Slack	ISAC Case Management and MHD Services
Jim Friberg	Department of Inspections and Appeals
Gretchen Hageman	Delta Dental
Jan Heikes	DHS, MHDS, Bureau of Community Services and Planning
Sandy Hurtado-Peters	Iowa Department of Management
Sabrina Johnson	Iowa Medicaid Enterprise
Stephanie Kuhn	Judicial Mental Health Advocate
Jim Rixner	Siouxland Mental Health Center
Peter Schumacher	MHDS, Community Services & Planning/CDD
Rick Shults	DHS, MHDS Division Administrator
Kelly Yeggy	Judicial Mental Health Advocate

Welcome and Call to Order

Patrick Schmitz called the meeting to order at 9:36 am and led introductions. Quorum was established with fourteen members present, and one participating by phone. No conflicts of interest were identified for this meeting.

Approval of Minutes

John Parmeter made a motion to approve the January 21 minutes as presented. Brett McLain seconded. The motion passed unanimously.

MHDS/DHS Report – Rick Shults

Rick Shults spoke about legislation that was being considered that concerned mental health and disability services in Iowa.

HF 2039 is a bill regarding mandatory disclosure for Mental Health professionals. If an immediate family member of an individual who is at risk of harming themselves or others contacts a mental health professional looking for information, the mental health professional would be required to provide information on the involuntary commitment process to the family member. This would allow them to be a resource to family without compromising health information, and would hold the professional harmless as they would offer the information in good faith.

HF 2040 states that Judicial Mental Health Advocates (Advocates) shall have exclusive control of the performance of their advocate duties as long as their duties are consistent with Iowa Administrative Code and the best practices from the Judicial Council.

HSB 503 is a bill that would allow psychologists to prescribe certain anti-psychotic drugs if they undergo a significant amount of training. SF 2188 is the Senate companion bill.

HSB 511 excludes certain rural areas and certain facilities from the Certificate of Need process.

HF 2272 and SF 2046 are companion bills that would increase the reimbursement rates for supported employment under the Home and Community-Based Services (HCBS) waivers by 20%, and would make the change effective as of January 1, 2016. Rick said the House views this as a technical fix on the appropriation that was made last year. Rick said the Department of Human Services (The Department) began the rule-making process to raise the rates for integrated employment settings and lower rates for congregate settings so the effect would be zero-sum. The Department will be reconciling their rules and this legislation if it passes. Rick said the Department is supportive of promoting integrated employment services, and will work to do so within the available resources the Department has.

HF 2112 would require certain group insurance policies to provide autism services for individuals age 22 and younger if the plan covers between fifty and 100 employees. This would expand private coverage for behavioral analysis services.

HSB 564 would require that all patients admitted to hospitals be given an opportunity to designate a care-giver who would be notified of discharged or certain care decisions.

HSB 566 would require dementia training for all direct service staff working in health care facilities, elder care facilities, long term care facilities, hospice care, and HCBS providers.

Brett McLain asked if the rates for supported employment were meant to be retroactively applied. Rick answered yes. Patrick said there was precedent for this, and since this was the General Assembly's intent, and they are making a technical correction, the legislation would apply retroactively.

Rick spoke about the Children's Mental Health and Well-Being Workgroup. SF 2161 acts on the recommendations made by the workgroup. The bill instructs the Department to conduct an RFP for children's crisis services and require that areas apply for that RFP to provide a systemic approach to provide children's services through a local effort. While the bill avoids naming MHDS Regions as the home for this project, it does not mean Regions cannot be a partner in the effort. Rick said the second piece centers around the idea of "Learning Labs" which would involve multiple systems of support for children and families including education, courts, mental health, child welfare, and others collaborating to provide more comprehensive support to children with mental health needs.

Becky Schmitz asked how Learning Labs would differ from wrap-around services. Rick answered that this would be about getting providers to cooperate and collaborate. Teresa Bomhoff asked how many Learning Labs there would be. Peter Schumacher answered that the workgroup's report recommended three to five.

SSB 3151 would add a step in the commitment process. If an individual is receiving outpatient treatment under the direction of the court, but is not complying, and as a result their behavior is a risk to themselves or others, the provider would be required to inform the courts. The individual would be picked up by a law enforcement officer, and taken to the outpatient clinic at which point, the individual would be able to submit to outpatient treatment or clinician recommendation. There are many amendments to this bill concerning language, prescribing, and regional responsibility.

There was discussion about how this law would be enforced and practical concerns.

Michael Polich asked if this would apply to all behavioral health services or just mental health. Rick answered that the tone of it suggests it would be restricted to mental health.

SF 2032 and SF 2144 allow for more freely of patient information related to treatment of people with mental illness. Rick said in some ways, Iowa Code is more restrictive than federal privacy laws. Rick said individuals might receive better care if there was some more information-sharing. There were some issues with these bills making Iowa Code less restrictive than federal code, which is not permissible.

SF 2168 establishes a veterans' treatment court in each judicial district for veterans with mental health needs or a substance use disorder.

Becky Schmitz asked if there was conversation on adjusting levies to fund MHDS Regions. Rick said there had been conversation, but he was not aware of any legislation at that time.

Rick said that the Commission would be involved in reviewing Chapter Twenty-Four accreditation standards for crisis services, as well as the Chapter Twenty-Four rewrite process.

The Department is still looking to find a way to geographically distribute seventy-five publicly funded subacute beds throughout the state. Rick said he is looking to find an efficient way to do that. Jen Sheehan asked if there was a timeframe for the distribution of the subacute beds. Rick said there was not one right now, but he is looking to shrink the amount of time it will take as much as possible.

The Department is fine-tuning the CareMatch inpatient bed tracking system and adjusting which information is "up front" when someone is searching for a bed.

Delta Dental – Gretchen Hageman

Gretchen Hageman said that as Iowa expanded its Medicaid program, they were one of the few that included oral health in the expansion. Iowa Medicaid Enterprise (IME) administers the oral health program for the traditional Medicaid population, and Delta Dental administers the Dental Wellness Plan (DWP) for the Medicaid Expansion population. Gretchen said that as the Request for Proposals (RFP) for IA Health Link began, The Department decided to keep oral health as a carve-out from the rest of the Medicaid plan to continue the success they have had.

Rebecca Peterson asked if there are enough providers in the state who are accepting this plan. Gretchen said there are many, and she will address it further later in her presentation.

Gretchen presented a PowerPoint presentation with information on the Delta Dental DWP. Gretchen said that Delta Dental's reimbursement rates are 60% higher than the Medicaid reimbursement rate.

Marsha Edgington asked if Medicaid members are automatically enrolled into the DWP. Gretchen answered that if someone is an Iowa Health and Wellness Plan member, they are automatically sent a Delta Dental welcome packet and a letter informing them that they have coverage for oral health services.

Kathy Johnson noted that it seems like Delta Dental is doing a lot of outreach to members and asked if they are using a capitated payment model. Gretchen answered that the DWP uses a fee-for-service model right now, and are researching the possibility of utilizing a capitated model.

Gretchen said stakeholders were interested in the DWP containing earned benefits and member accountability measures to encourage healthier behavior. Every member who comes into the program is eligible for the Core benefits the first month unless they are nineteen or twenty years old, in which case they are eligible for the Enhanced Plus services per federal regulations. If the member comes in for their six month check-up, they move up, and after another visit, they are eligible for enhanced plus services. This encourages members to keep coming to the dentist every six months. Gretchen said Delta spends a lot of time on member education and making sure members understand their plans and their benefits so they can take full advantage of them.

Gretchen said a key portion of the plan is a risk assessment. This is an online tool to be completed by the provider. The assessment concerns risk, cancer, and perial care, and asks questions about the social determinants of oral health such as use of alcohol and tobacco. Approximately half of all members have had this risk assessment completed. The assessment is a reimbursable service for providers, and there is a bonus pool for providers who complete a high proportion of risk assessments.

Gretchen reported that Delta Dental has 794 providers signed up to serve the Medicaid population, and that 95% of those providers are seeing patients. Delta is constantly recruiting new providers into the network. The DWP's rates are 60% higher than the Medicaid rate and about 10% lower than their Preferred Provider Network (PPO) rate for commercial insurance.

Gretchen spoke about members whose eligibility status may change month-to-month, or "churn". If a member becomes ineligible for Medicaid, but then later becomes eligible again within a year, they will stay at the earned-benefit service level they were at before. Geoff Lauer asked why members would churn. Gretchen answered that it would be due to a change in Medicaid eligibility. Sabrina Johnson said some members will churn between Iowa Health and

Wellness, which would receive the DWP benefits, and traditional Medicaid, which would be fee-for-service.

Marsha Edgington asked about Medicaid members who are eligible through an HCBS waiver for individuals with an intellectual disability. Sabrina said those members would be eligible for DWP.

Kathy Johnson asked about oral health benefits for members who are medically exempt. Sabrina Johnson answered that members who are medically exempt receive DWP benefits. Kathy Johnson said she was happy to see these services were available, and that she hoped to work closely with them as an Integrated Health Home (IHH) provider.

Jen Sheehan asked about incentives for providers. Gretchen said Delta is currently looking at some options for provider incentives, but they are in the early stages.

Mental Health Advocate Rules – Jan Heikes and Rick Shults

Rick gave an overview on the rule-making process. Last year, the General Assembly passed HF 468 which instructed the Commission to consult with Mental Health Advocates (Advocates) and other stakeholders to develop rules regarding Advocates. The legislation included a list of areas on which the Commission was instructed to develop rules. The list included quarterly and annual reports, data collection requirements, juvenile patient representation, grievance procedures, conflict of interest provisions, workforce coverage, confidentiality, minimum professional qualifications and educational requirements, caseload criteria, caseload audits, quality assurance measures, and territory assignments.

Rick noted that HF 2040, which he had mentioned earlier, is a key factor in this transition for Advocates because they need to have a certain level of professional autonomy. Rick said that mental health facilities have a number of clinical staff. Rick said that there are superintendents for those facilities who direct the operations, but they are not permitted to intrude into the medical decisions of the clinical staff, and HF 2040 aims to provide a similar policy for Advocates.

Jan Heikes presented the comments made by respondents to the draft rules as published in the Iowa Administrative Bulletin as well as the Department's responses. There were eight respondents who submitted a total of forty-seven comments.

Becky Schmitz asked if counties had a supervisory responsibility to review an Advocate's records. Jan answered that the Advocate's supervisor would be allowed by federal and state privacy laws to view records for a sufficient reason such as verification of the quality of work.

John Parmeter asked for a clarification on redundant language that was removed in 25.104. Jan answered that 25.104(b) and (c) were functionally the same requirement. In an earlier draft, the Department combined two standards into one, and forgot to delete the other from the rules.

Becky Schmitz asked if Advocates are mandatory reporters in their positions. Patrick Schmitz said his understanding was that Advocates have not been mandatory reporters, and these rules do not change that status. John Parmeter that Advocates should take some action if they witness abuse. Patrick said that they are permissive. They may report, but they are not required to by law.

Jen Sheehan asked if the data being requested could be added to the County's data collection system being used to submit data to the Department currently. Jan said this was not intended to

be a separate report, and could be submitted along with the other information counties and regions submit to the Department regularly. Patrick Schmitz said the data requested appears to be standard information someone would want to know about their employee or business. Becky Schmitz agreed.

Kelly Yeggy said the list of categories on which the Commission was instructed to develop rules was based on a list of topics a workgroup did not address after an audit of the Advocate in Dallas County. Kelly said the language from HF 2040 was intended to be in the rules. She said the Department has had two different policies on which job description to use, and that the workgroup that developed the rules was supportive of requiring the job description from the Judicial Council, but that the Department chose to use qualifications based on case management. Patrick Schmitz said that a job description is a large and detailed document, and that the qualifications are a small part of that, and that he did not see the discrepancy Kelly was describing.

Kelly said the workgroup recommended the rules require a county to contract with another advocate from another county to serve as a substitute for when that county's Advocate is absent, such as in the case of illness or vacation. Patrick said the rules require counties to have Advocate coverage at all times. Kelly said she would like to see the specific language requiring a contract with another advocate. Patrick said the rules to not prohibit counties from making that type of arrangement, and that it would be beneficial for counties to have such an arrangement ahead of time. Jen Sheehan asked Brett McLain about his arrangement with Story County and veterans' services. Jen asked if there were arrangements in place to cover for people in other counties since most only have one staff member coordinating veterans' services. Brett answered that counties have an agreement for counties to cover caseloads for each other in the case of vacations, injuries, or extended absences. Jen confirmed that counties were able to provide that coverage without having a contract in place with other counties. Brett agreed that the agreements with which he is familiar do not involve formal contracts.

Kelly said that there was no reason for a supervisor to have access to the court's electronic data management system (EDMS), and that she needs security clearance in order to access it from the court. Kelly Yeggy said the legislative intent was not to send data to the Department, but to have information utilized locally. Kelly also said a quality assurance system was not a part of the legislative intent. Kelly expressed concern that if it is a conflict of interest to be an Advocate, it would be a conflict of interest to supervise the Advocate.

Tom Broeker made a motion to adopt the rules as presented. John Parmeter seconded the motion. The motion passed unanimously.

Jan said the adopted rules would be published in the Administrative Bulletin on March 16, 2016, and would be presented to the Administrative Rules Review Committee in April. The effective date of the rules would be May 1, 2016.

IA Health Link Update – Rick Shults

Rick Shults explained the letter Iowa received from the Center of Medicare and Medicaid Services (CMS) with the sixteen criteria Iowa needed to satisfy before receiving approval to move forward with the transition to IA Health Link. Rick said the Department is in regular contact with CMS reviewing their progress in meeting those requirements, and said the Department believes they are ready for a March 1 start date.

John Parmeter asked if there had been a written response to CMS. Rick answered that there had not been an official written response.

Teresa Bomhoff asked if CMS will be making a site visit, or if the Department will be sending something in to them. Rick said he did not think there would be another visit, but admitted that was speculation.

Kathy Johnson asked if Rick knew how many people were changing their tentative MCO assignment. Rick said he did not have any data off the top of his head, but he said he knew a number of people were making their own selections for MCOs.

Public Comment

There was no public comment.

Planning for the March Meeting

There were requests for updates on the State Innovation Model (SIM) and the University of Iowa Peer Support and Family Peer Support initiative.

There will be a nominations committee established in March to recommend a slate of officers who will assume responsibilities in May.

The meeting was adjourned at 12:36 pm.

Minutes respectfully submitted by Peter Schumacher.